



MEDICAL BOARD OF CALIFORNIA  
 BOARD OF PODIATRIC MEDICINE  
 1420 HOWE AVENUE, SUITE 8  
 SACRAMENTO, CA 95825-3229  
 PHONE: (916) 263-2647 FAX: (916) 263-2651  
 INTERNET: WWW.BPM.CA.GOV



### **CONTINUING COMPETENCE CERTIFICATION**

I hereby certify under penalty of perjury that I have completed at least 50 hours of approved continuing medical education during my last license period and one of the following (check one):

- ☐ (a) passage of an exam administered by the board (past 10 years).
- ☐ (b) passage of an exam administered by an approved specialty board (past 10 years).
- ☐ (c) current diplomate, eligible, or qualified status granted by an approved specialty board (past 10 years).
- ☐ (d) recertification by an approved specialty board (past 10 years).
- ☐ (e) completion of an approved residency/fellowship (past 10 years).
- ☐ (f) granting/renewal of privileges by a health care facility approved by a federal or state agency (past 5 years).
- ☐ (g) completion of an extended course of study approved by the board (past 5 years).
- ☐ (h) Passage of Part III exam administered by the National Board of Podiatric Medical Examiners (past 10 years).

\_\_\_\_\_  
 NAME (Please print)

\_\_\_\_\_  
 LICENSE NUMBER

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**PLEASE INDICATE ADDRESS CHANGE BELOW:**

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